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# For Immediate Release

## *Lyme disease on the rise in Mon Co., according to disease reports and doctor*

**MORGANTOWN, WV (July 12, 2021) —** Dr. Mark E. Rogers has recently seen two, three or even four cases of Lyme disease daily at WVU Urgent Care at Suncrest Towne Centre, one indication that the tick-borne illness is on the rise in Monongalia County.

"This year, it's really taken off," Dr. Rogers said. "We're seeing multiple cases every day."

In fact, the entire county is diagnosing an average of one COVID-19 case a day, and he personally hasn't seen one since about mid-June. So when a patient comes in complaining of a low grade fever, malaise, fatigue and joint pain, his first thought is often Lyme disease — an illness caused by the bite of a blacklegged "deer" tick — rather than COVID-19.

"Some of the people, we still test for COVID, but I'm telling my patients that the big thing to watch out for is Lyme disease right now," Dr. Rogers said.

Cindy Graham, RN, a Monongalia County Health Department nurse who helps with Lyme disease investigation, said she started seeing bloodwork-confirmed reports of the illness in mid-June. "It really went crazy," she said.

Lyme is a reportable disease, so medical practitioners who diagnose it via bloodwork or with a bull's-eye rash at the site of the tick bite must send the report to the health department. The bull's-eye rash, also known as erythema migrans (EMs), is a symptom that sets a Lyme disease diagnosis apart from COVID-19 and other illnesses.

The bull's-eye rash is left by the tick feasting on the host's blood, during which disease transmission can occur. The Centers for Disease Control and Prevention estimates that the

tick must feed on the host's blood for between 36 to 48 hours before the tick transmits the disease.

Graham follows up with the reporting practitioner on all cases as well as patients who have positive bloodwork and/or the rash.

"If the patient has that bull's-eye rash, I call the patient and ask where they've been, does anybody else have it, if they found a tick," Graham said. "It seems like there have been more people with EMs this time than last year."

But if a practitioner diagnoses Lyme based solely on symptoms minus the bull's-eye rash, then that case would not be reported to the health department, which means that confirmed cases figures are actually probably low.

The Mountain State is one of 15 states, plus the District of Columbia, listed by the CDC as having a high incidence of Lyme disease. Nearby Pennsylvania topped the 2019 data, with 6,763 confirmed cases and 2,235 probable cases. West Virginia's numbers were lower, at 703 confirmed and 182 probable, although this data is two years old.

The West Virginia Department of Health and Human Resources' (DHHR) Zoonotic Disease Group provided updated numbers this week. However, last year's statewide number of 1,062 Lyme cases compared to 205 so far in 2021 is misleading, according to Michael L. Abshire, a Zoonotic Disease Group research specialist.

"The 2021 numbers look small, but they also do not show all the cases that have been reported so far, only the ones that have been investigated and are confirmed," Abshire said.

By comparison, at this same time in 2020, the state had 243 Lyme cases, Abshire said. Dr. Diane K. Gross, MCHD's regional epidemiologist, added that the number of Lyme cases tends to increase exponentially in late summer, and also that the COVID pandemic has probably led to late reporting of cases, which would be another reason why current confirmed numbers seem low.

Dr. Gross also noted that while the DHHR's official Lyme number for Monongalia County is 17, she has 26 potential cases that still need to be evaluated.

The 2020 number of 1,062 also shows an increase in statewide cases since 2017, when 648 cases were reported. The number rose to 671 in 2018 and 898 in 2019.

Both Dr. Rogers and Graham said they have seen Lyme diseases in patients of all ages. Individuals can get it while out hiking or camping, but Graham said she has heard a lot of accounts in which individuals reported getting it just working or playing in their yards.

“Generally, it’s around their home,” Graham added. “They haven’t traveled anywhere.”

Ticks can be found anywhere on the body, but common places include skin folds such as behind the knees, under armpits, around the beltline, in the groin and behind the ears, as well as on the scalp, Dr. Rogers said.

And even though a mature deer tick has a distinguished look, with black legs and a red and black body, they might not always be so obvious.

“They can be very tiny nymphs, smaller than a poppy seed,” Dr. Rogers said. “People come in and don’t recall having a tick bite. But they have the symptoms or the rash.”

Graham said that many people never actually see the tick. Those who want to remove it, rather than wait for a health care practitioner’s help, should do so with tweezers, making sure to get a firm grip on it in order to get the head out.

“I use the same procedure that the CDC recommends,” Dr. Rogers said. “Get as close down to the skin where the mouth meets the skin and firmly grasp them and pull them up with traction. The skin is going to tent and it will pop off.”

If the head remains embedded, Dr. Rogers uses a tiny needle to flick it out like a splinter. “There are some people who think that you shouldn’t mess with it by monkeying around with it, that you are more likely to get infected,” he said. “If I can get it out, I do.”

But even though many individuals never see a tick, it’s always a good idea to look for them. The CDC (cdc.gov/ticks) provides a lot of information on tick prevention. This includes checking yourself and your pets daily when you return from outdoors.

Prevention actually starts before you step out the door. Clothes and gear can be treated with products that contain 0.5% permethrin and individuals also can use Environmental Protection Agency-registered insect repellents that contain diethyltoluamide, or DEET.

Anyone planning on spending time outdoors should also consider wearing long sleeves and/or long pants.

In some situations, such as when multiple members of a family have been diagnosed with Lyme disease contracted while spending time in their yard, Dr. Rogers also suggests considering treating the yard with pesticides.

Chad Carpenter, assistant director of Pesticide Programs at the West Virginia Department of Agriculture, said individuals should read and understand the pesticide label and follow all "use precautions and restrictions" before applying it.

"If there is a section for personal protective equipment, make sure this is followed," he added.

Lyme disease is treated with the antibiotic doxycycline. Dr. Rogers prescribes a one-time dose as a prophylaxis if the patient is not experiencing any symptoms. Someone who does have symptoms would get a longer course of the medication, he said, maybe 10 to 21 days.

The bacteria that cause Lyme disease will clear up if treated properly, Dr. Rogers added. Problems can occur if Lyme disease gets into a joint or nerve, where permanent damage can result.

"One misconception is that there is this chronic Lyme disease, where people might be on antibiotics for months or years," he said. "That's not something we have evidence for."

Lyme disease is found primarily in the mid-Atlantic and Northeast regions of the United States. CDC surveillance maps (cdc.gov/lyme/datasurveillance/maps-recent.html) show that more of the state's instances of the illness have been found in northern West Virginia.

Neither Dr. Rogers nor Ed Abbott, RN, who also investigates Lyme disease for MCHD, know for certain why Lyme disease is on the rise, although both believe weather could be a factor.

"That's what I would like to know," Dr. Rogers said. "I know it seems like we've had milder winters, but that's hypothetical. But my guess is that we have more surviving through milder winters."

Also, Abbott added, the COVID pandemic has prompted individuals to spend more time outdoors.

MCHD's Threat Preparedness program conducts tick surveillance, and Abbott said that recently, more ticks have been found in shady areas. "So it could be that, because of the heat, ticks are seeking shady areas," Abbott said, noting that humans also have the tendency to gravitate toward cooler places when they are outdoors.

Tick surveillance was suspended last summer because of the COVID-19 pandemic, said Jamie Moore, MCHD's Threat Preparedness program director.

"However, we've resumed dragging for ticks this summer, although efforts have sometimes been hampered by rain," he said.

Tick surveillance is conducted to learn what ticks are in the area and to send off specimens to the state lab to be tested for disease.

So far, surveillance has been done in Monongalia, Preston and Marion counties, with plans to also move into Harrison, Doddridge and Taylor counties. These are the members of the six-county Preparedness Action Coalition Team (PACT), one of the DHHR's West Virginia Surveillance Regions.

"We plan to send Threat Preparedness staff to the Vector Biology Boot Camp in upstate New York later this year," Moore said. "This is an event we've attended in the past so we can keep our knowledge of dealing with pests such as ticks and mosquitoes updated."

For up-to-date information on health and wellness in Monongalia County, check out monchd.org and follow the health department on Facebook and Twitter @WVMCHD and on Instagram at #wvmchd.

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